

Claim Transmittal Form

Submission Date: 12-6-04

TO: Balboa Insurance Group
Attn: Imaging
PO Box 19702
Irvine, California 92623

From: Eagle Adjusting
Ken Cole

Phone: 877-839-5152

Fax: 877-839-8151

Claim:

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Lender: Countrywide Home Loans

Insured/Borrower: Monica Telesford

Prop. Address: 415 Ice Street

City: Troy St/Zip: AL / 36081

Date of Loss: 9-15-04

Peril/Loss Type: Hurricane Frances

Balboa Adjuster: Kirby McCartney

**THIS FORM MUST BE USED ON ALL
CORRESPONDENCE TO
BALBOA INSURANCE GROUP**

Rev. 041904



P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
FAX: 877-839-8151

To: Balboa Insurance Co.
ATTN Kirby McCartney
P.O. Box 19702
Irvine, CA 92623

RE: Insured: Country Wide Home loans
Loss Address: 415 Ice Street
Troy, AL

Claim Report

REPORT DATE: 12/12/2004	STATUS: Final	NEXT REPORT:
CLAIM NO: CW5172818-01		
POLICY # CW5172818		
POLICY ISSUED: 7/2/2004	POLICY EXPIRES: 7/2/2005	DATE OF LOSS: 9/15/2004
FILE NO: 04-21295		
ADJUSTER: Ken Cole		
ADJUSTER PHONE: 866-894-9344		ADJUSTER FAX: 812-478-3913
ASSIGNED: 11/24/2004	CONTACTED: 12/6/2004	INSPECTED: 12/6/2004

Coverage	Limit	Deductible	Reserve
Building	23,000.00	1,000.00	\$0.00
Forms: DP3			

Risk Structure Type: Dwelling Occupancy: Residence (Primary)

Origin Hurricane Damage

Exclusions/Limitations No exclusions or limitations noted

Subrogation/Salvage None available

Loss Summary	RC	Recov. Dep	Nonrecov. Dep	ACV
Building	2,175.32	752.82	439.88	982.62
Totals	2,175.32	752.82	439.88	982.62
	Maximum Recoverable Depreciation			752.82
	Total Loss			1,735.44
	Less Deductible Applied			1,000.00
	Total Claim			735.44

Enclosures ☒ Estimates ☐ Proof of Loss ☒ Photos ☒ Invoice
☐ Contents Worksheet ☐ Statement of Loss ☒ Diagrams Other:

Remarks

We met with the Roy Brooks at this home. We were shown a home that has been condemned by the county. The date the home was condemned was after the storm but it appears that the home has not been lived in for several years. The interior of the home was in very very poor condition. The wallpaper (sticky back paper) was falling down. The drywall in the inside of the home was old and coming apart. The flooring was weak and falling down.

The above mentioned items are not being figured on the repair estimate. It is our feelings that the above mentioned items were going on before the storm. The condition of the inside was very bad. The insured said he already inspected the roof and he found no damage to the roof. We then noted the windows that were broken. We found 5 broken windows. However, we feel only two might have been broken during the storm. The other window panes appeared to have been broken long before.



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Estimate**Claim No. CW5172818-01**

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
Insured Country Wide Home loans	Address 415 Ice Street Troy, AL	Office	Home	FAX	
Loss Address	415 Ice Street Troy, AL				
Contact	Address			FAX	
Claimant	Address			FAX	

Building

Limit: \$23,000.00 Deductible: \$1,000.00

Living Room		Floor 15.89 SY Wall 379.2 SF Ceiling 143 SF Floor Perim. 48 FT Ceiling Perim. 48 FT							
Room-standard	Length	11 FT	Width	13 FT	Height	7.9 FT			
Operation	Qty	Unit	Description			Cost	RC	DEP	ACV
Replace	143	SF	5/8" Drywall, with machine texture			1.37	195.91	97.96	97.95
Note:									
Paint	143	SF	Drywall or Plaster, 2 coats			0.49	70.07	35.03	35.04
Replace	160.16	SF	Carpet, economy grade			2.07	331.53	232.07*	99.46
Note: no pad present									
Replace	1	EA	Light fixture bowl shade or globe, economy grade			13.15	13.15	3.94	9.21
							*		
Living Room Totals:							610.66	369.00	241.66

Bedroom 1		Floor 10 SY Wall 300.2 SF Ceiling 90 SF Floor Perim. 38 FT Ceiling Perim. 38 FT							
Room-standard	Length	10 FT	Width	9 FT	Height	7.9 FT			
Operation	Qty Unit	Description				Cost	RC	DEP	ACV
Replace	90 SF	5/8" Drywall, with machine texture				1.37	123.30	61.65	61.65
Note:									
Paint	90 SF	Drywall or Plaster, 2 coats				0.49	44.10	22.05	22.05
Replace	100.8 SF	Carpet, economy grade				2.07	208.66	146.06*	62.60
Note: no pad present									
Replace	1 EA	Light fixture bowl shade or globe, economy grade				13.15	13.15	3.94	9.21
Bedroom 1 Totals:							389.21	233.70	155.51

Exterior		Area 24 SF						
Exterior wall	Height	6 FT	Width	4 FT	Walls	1		
Operation	Qty Unit	Description			Cost	RC	DEP	ACV
Replace	25.2 SF	Exterior decking, Treated wood, 2" x 4"			4.52	113.90	45.56	68.34
Replace	2 EA	Wood double-hung window, 36" wide , 48" tall			339.02	678.04	339.02	339.02
Exterior Totals:						791.94	384.58	407.36

Estimate**Claim No. CW5172818-01**

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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General						
Operation	Qty Unit	Description	Cost	RC	DEP	ACV
		Tax rate 5%			*	
		Hurricane Ivan			*	
		inspection date 12-8-04			*	
General Totals:				0.00	0.00	0.00
			RC	R DEP	NR DEP	ACV
		Subtotal	1,791.81	609.15	378.13	804.53
		Overhead	158.32	60.94	23.20	74.18
		Profit	158.32	60.94	23.20	74.18
		Tax	66.87	21.79	15.35	29.73
Building Loss:			2,175.32	752.82	439.88	982.62
Totals:			2,175.32	752.82	439.88	982.62
Maximum Recoverable Depreciation						752.82
Total Loss						1,735.44
Less Deductible Applied						1,000.00
Total Claim						735.44
Less Recoverable Depreciation						735.44
ACV Claim						0.00

Notice: All estimates are subject to review and final approval by your Insurance Company

If Replacement Cost Coverage Applies

If you wish to make a claim for the amounts deferred, you must do THREE things:

1. You must tell us within 180 days from the date of your loss you intend to repair/replace the item(s)/part.
2. You must have the item(s)/part replaced or repaired within one year from your date of loss.
3. You must submit a final repair bill or purchase receipt showing the items(s)/part has been repaired/replaced.

If you wish, you may repair/replace with higher quality items, but we will only pay the amount deferred to you. If the repair/replacement to you is less than the estimated REPLACEMENT COST VALUE in the estimate, we will only pay the difference between your cost, less the ACTUAL CASH VALUE previously paid you.



P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
FAX: 877-839-8151

Estimate**Claim No. CW5172818-01**

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		Hurricane Ivan			*	
		inspection date 12-8-04			*	
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			RC	R DEP	NR DEP	ACV
		Subtotal	1,791.81	609.15	378.13	804.53
		Overhead	158.32	60.94	23.20	74.18
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P.O. Box 40878
 Indianapolis, IN 46240
 Office: 877-839-8152
 FAX: 877-839-8151

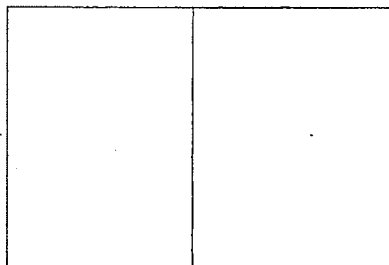
Diagram Sheet**Claim No. CW5172818-01**

File No.	Policy No.	Date of Loss	Report	Report Date	Adjuster
04-21295	CW5172818	09/15/2004	Final	12/12/2004	Ken Cole
Insured Country Wide Home loans		Contact		Claimant	

Diagram
01

east

30'



16'

Description
 overview of home
Comment



P.O. Box 40878
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Photo Sheet

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole	Claim No. CW5172818-01
Insured Country Wide Home loans		Contact		Claimant		

Picture
01

Date
12/9/2004

Description

This is the front of this home,

Picture
02

Date
12/9/2004

Description

paneling falling down on
inside of home

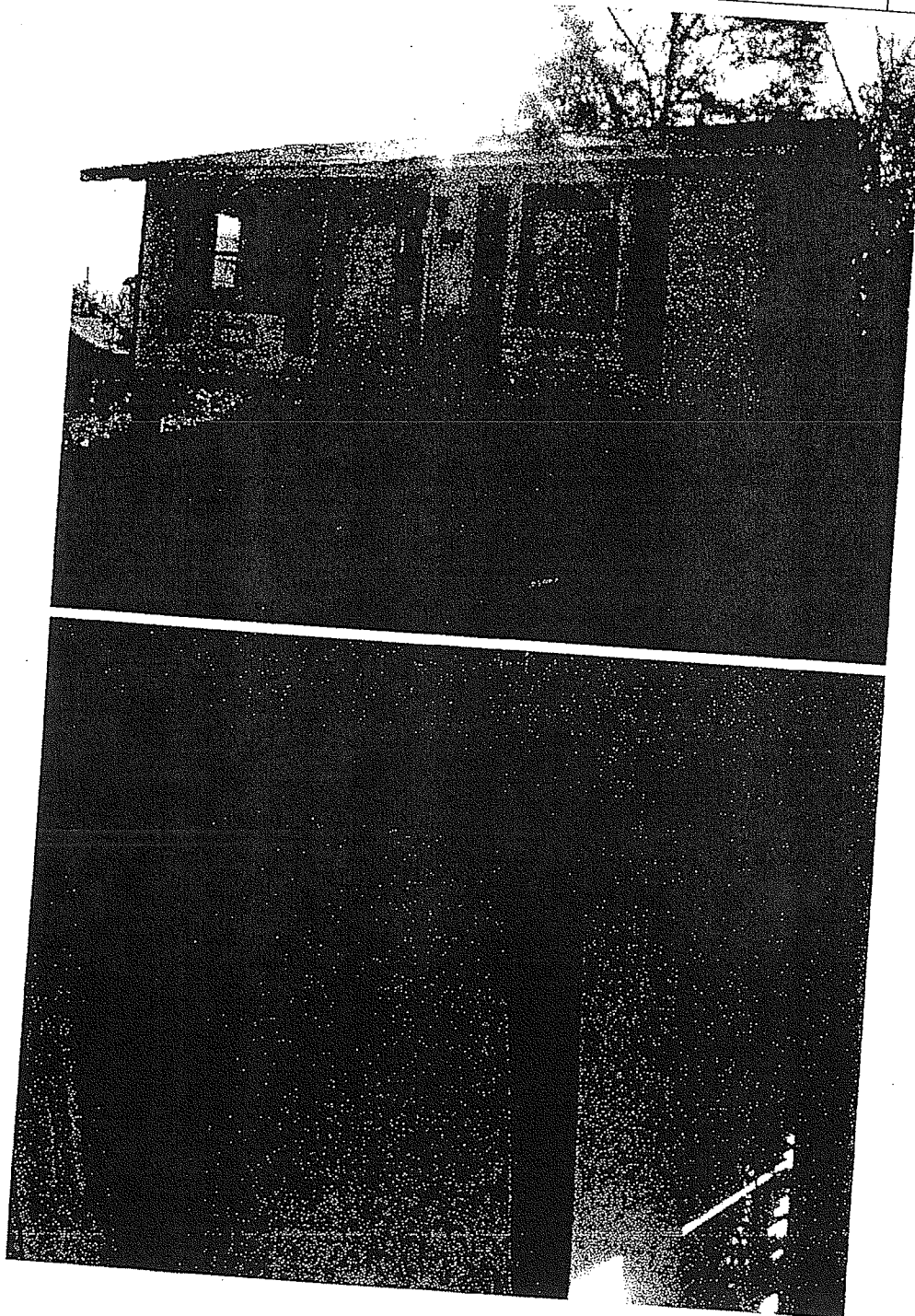


Photo Sheet

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Claim No. CW5172818-01



Picture

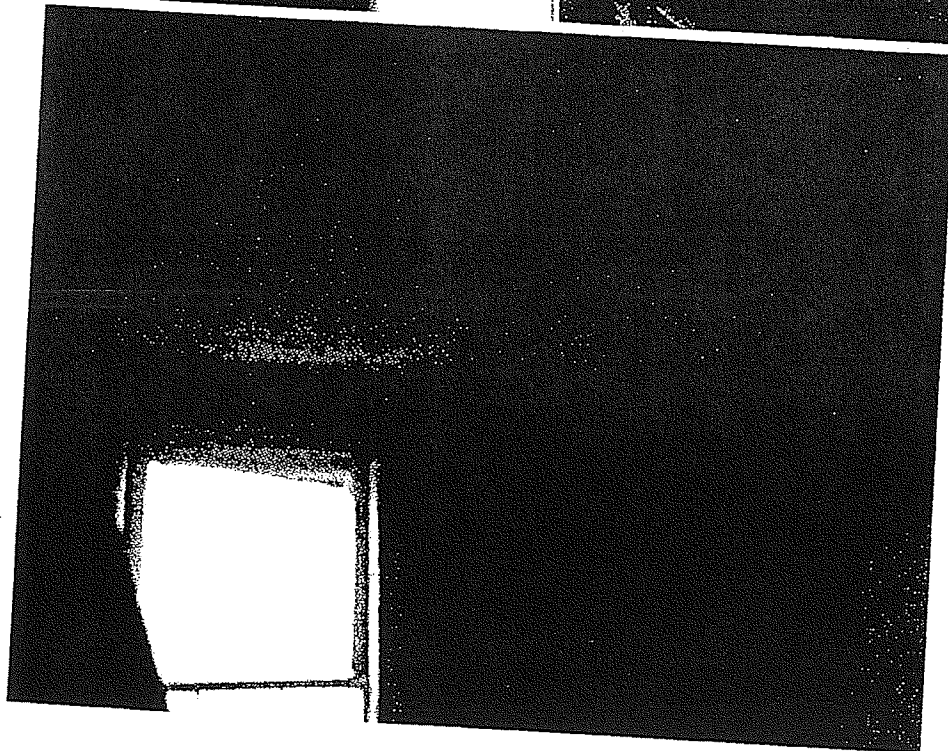
03

Date

12/9/2004

Description

living room area of
inside of home



Picture

04

Date

12/9/2004

Description

ceiling falling in

Photo Sheet

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Claim No. CW5172818-01

Picture

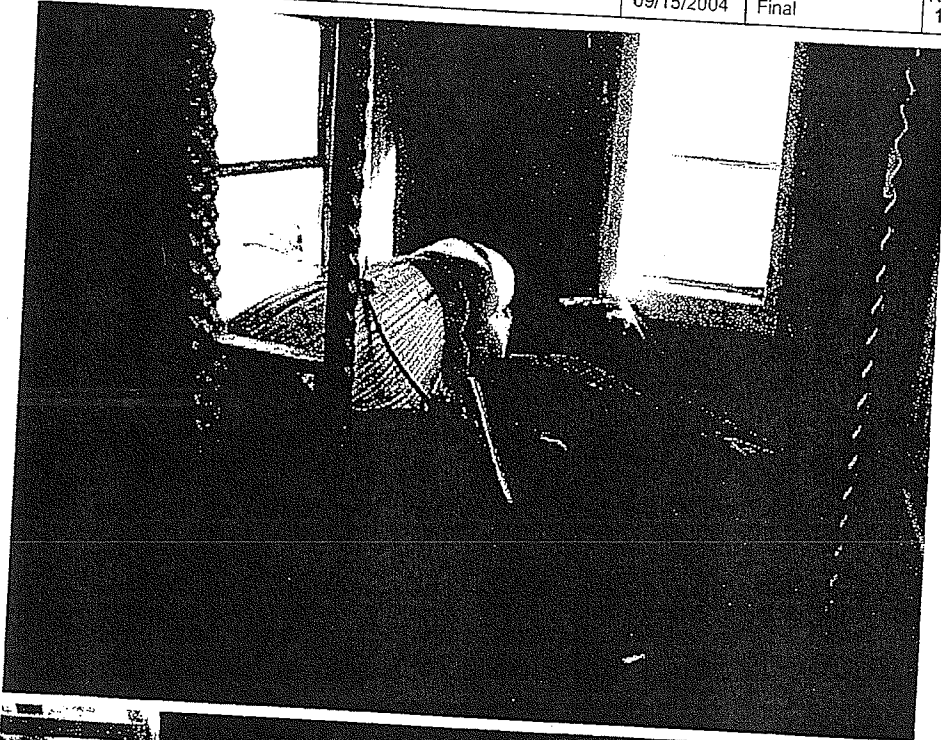
05

Date

12/9/2004

Description

backed up view of living room



Picture

06

Date

12/9/2004

Description

back bedroom

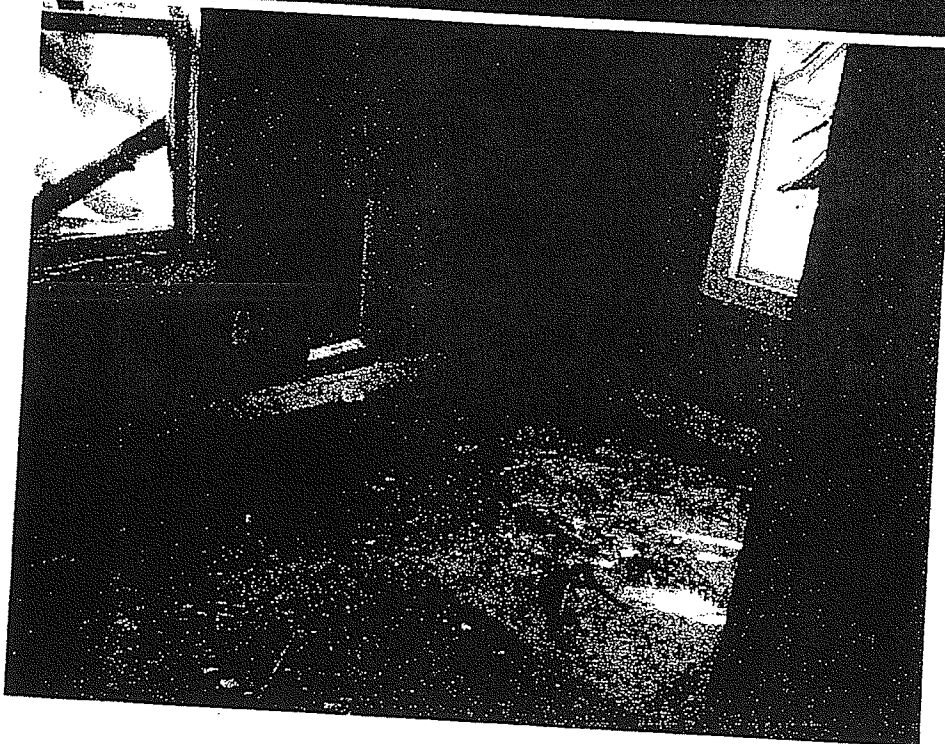


Photo Sheet

Claim No. CW5172818-01

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Picture

07

Date

12/9/2004

Description

bedroom ceiling



Picture

08

Date

12/9/2004

Description

bath room,

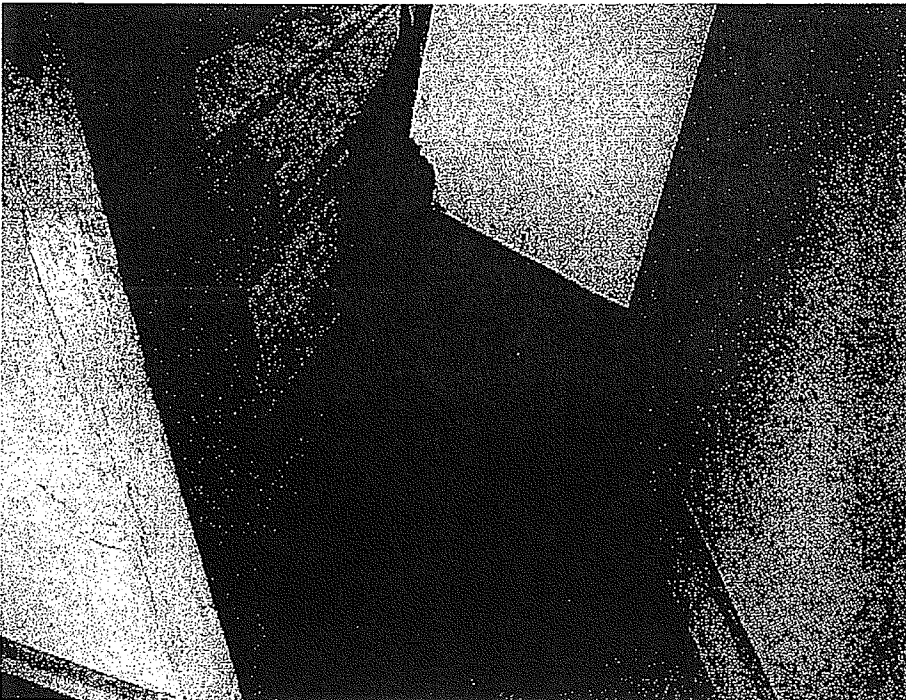
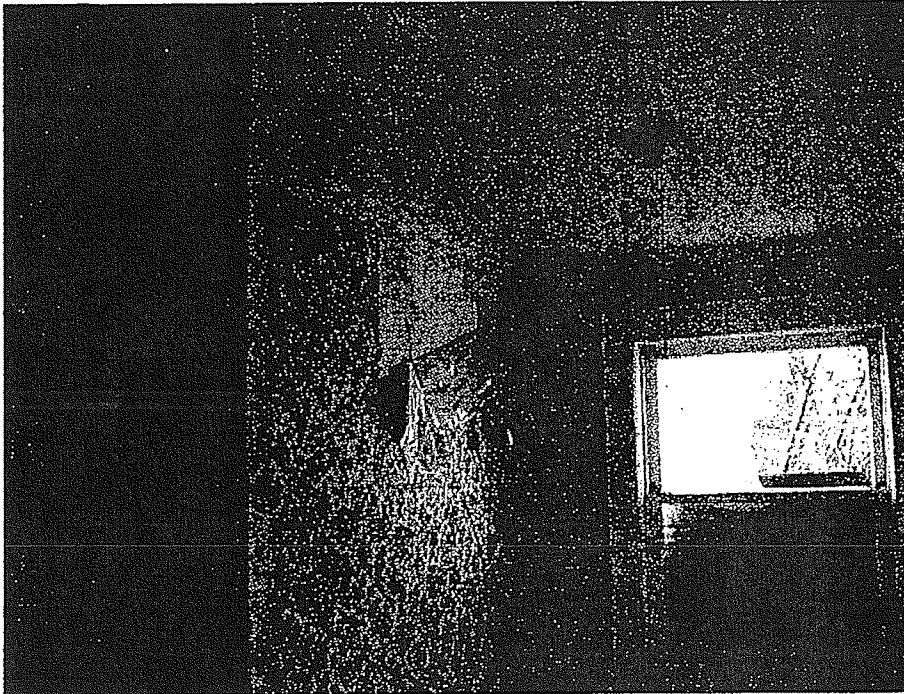


Photo Sheet**Claim No. CW5172818-01**

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Picture

09

Date

12/9/2004

Descriptionbath wallpaper, backed,
shows broken window

Picture

10

Date

12/9/2004

Description

kitchen cabinet,

Photo Sheet

Claim No. CW5172818-01

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Picture

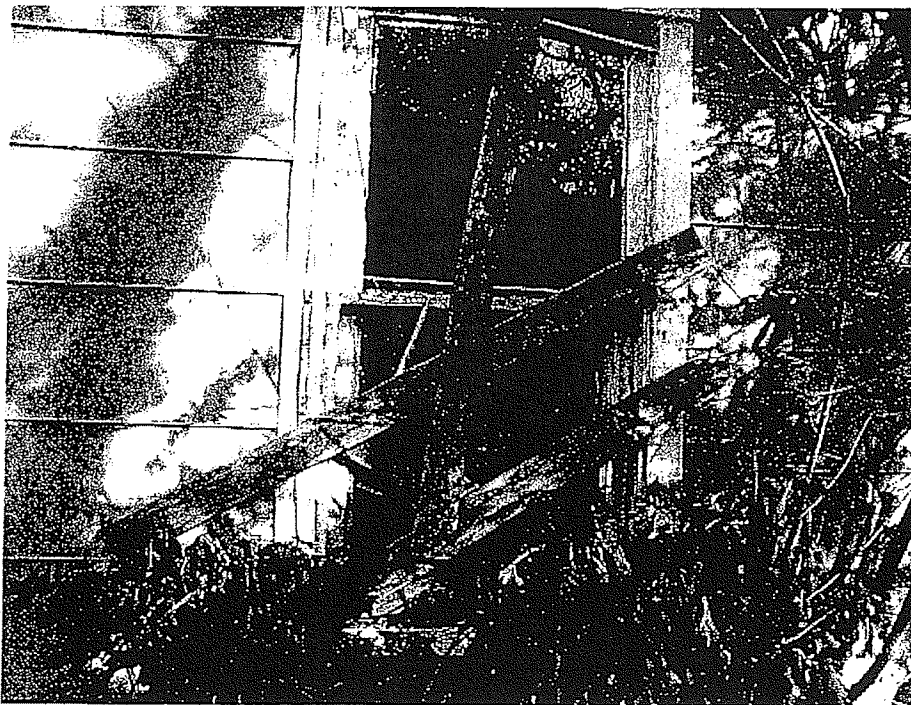
11

Date

12/9/2004

Description

back of home,



Picture

12

Date

12/9/2004

Description

broken window

Photo Sheet

Claim No. CW5172818-01

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Picture

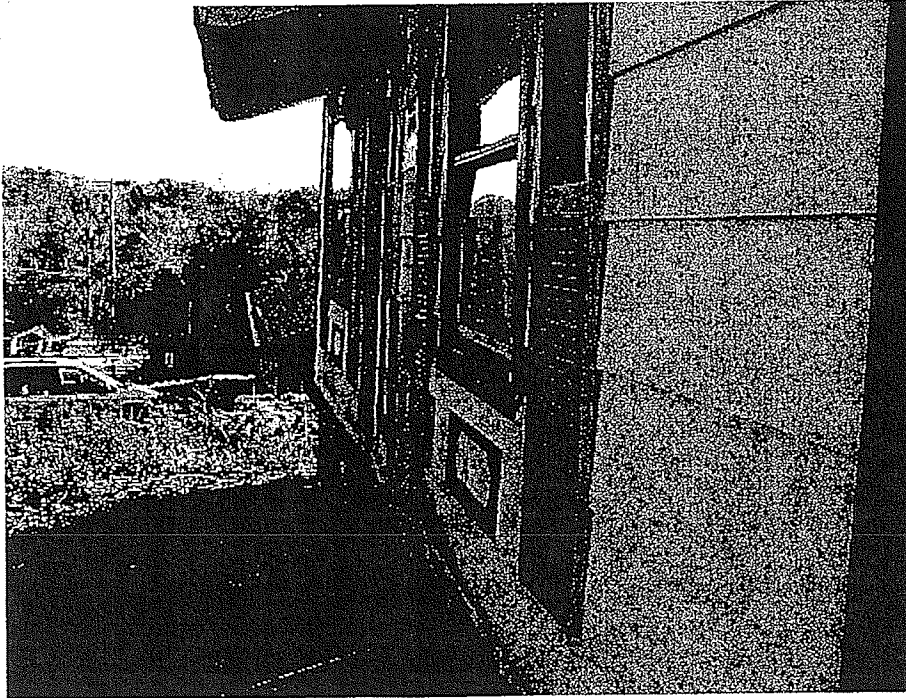
13

Date

12/9/2004

Description

front where porch was,
steps and small deck



Picture

14

Date

12/9/2004

Description

again, front of home,

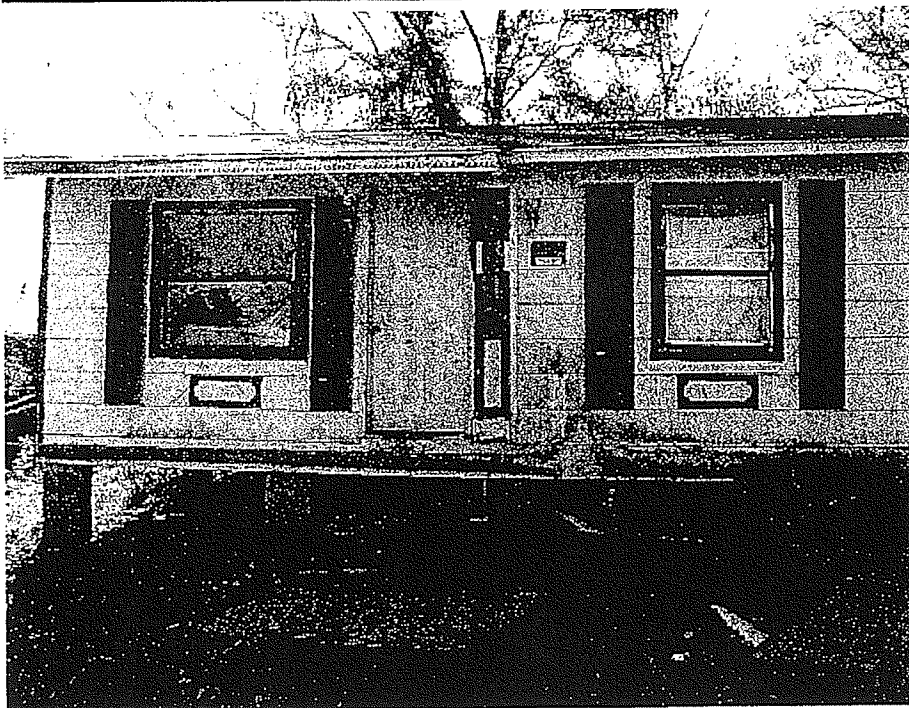
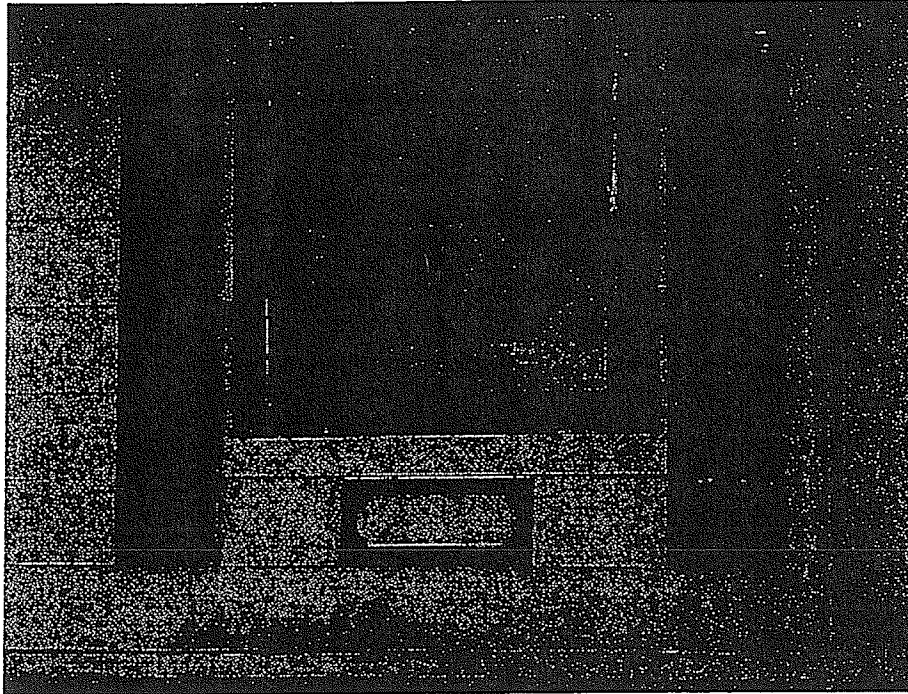


Photo Sheet

Claim No. CW5172818-01

File No. 04-21295	Policy No. CW5172818	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
----------------------	-------------------------	----------------------------	-----------------	---------------------------	----------------------



Picture

15

Date

12/9/2004

Description

broken window in front
of home



Service Invoice

Date: 12/9/2004

Bill To

Balboa Insurance Co.
P.O. Box 19702
Irvine, CA 92623
Office: 800-323-7466
FAX: 626-927-4629

Billed From

Eagle Adjusting Services, Inc.
P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
FAX: 877-839-8151

Claim Information

File No.: 04-21295
Claim No.: CW5172818-01
Policy No.: CW5172818

Insured: Country Wide Home loans
Agency: Ken Cole
Adjuster
SSN:
Emp. ID No.: 35-2072320

Loss Date: 9/15/2004
Loss Cause: Hurricane/Mon
RC: \$2,175.32
Deductions: \$1,192.70
ACV: \$982.62

Description

Description	Quantity	Unit	Rate	Ext. Cost
Adjuster fee	1.00		\$250.00	\$250.00
Photographs after 6 free	9.00		\$0.50	\$4.50
Total				\$254.50



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To: Balboa Insurance Co.
ATTN Kirby McCartney
P.O. Box 19702
Irvine, CA 92623

RE: Insured: Country Wide Home loans
Loss Address: 415 Ice Street
Troy, AL

Claim Report

REPORT DATE: 12/5/2004	STATUS: First	NEXT REPORT:
CLAIM NO: CW5172818-01		
POLICY # CW5172818		
POLICY ISSUED: 7/2/2004	POLICY EXPIRES: 7/2/2005	DATE OF LOSS: 9/15/2004
FILE NO: 04-21295		
ADJUSTER: Ken Cole		
ADJUSTER PHONE: 866-894-9344		ADJUSTER FAX: 812-478-3913
ASSIGNED: 11/24/2004	CONTACTED: 12/6/2004	INSPECTED: 12/6/2004

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Forms: DP3			

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Origin Hurricane Damage

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Subrogation/Salvage None available

Loss Summary	RC	Recov. Dep	Nonrecov. Dep	ACV
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Totals	0.00	0.00	0.00	0.00
		Less Deductible Applied		0.00

Enclosures ☐ Estimates ☐ Proof of Loss ☐ Photos ☐ Invoice
☐ Contents Worksheet ☐ Statement of Loss ☐ Diagrams Other:

Remarks

We are inspecting this property on Monday Dec. 6-04.

We will report as soon as possible after this.

Ken Cole